

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Michael Lee, Barlin

Town

County

Died at Resiana 3rd and 1st Ave. Annapolis

MARYLAND

Date of death 1906 May

Month

Day

Years

Age

60

Months

Days

Sex male

Color or
Race

white

Birth-
placeMenters-
Germany

Occupation

Trucker

Where Residing if not
at place of death

—

Married, Single
or Widowed

marria

Name of Wife or
Husband

Rosa Kringer

Father's
Name

Michael Barlin

Father's
Birthplace

Germany

Mother's
Maiden Name

Phillips

Mother's
Birthplace

Germany

Name of person giving
In formation

Michael Barlin

How related
to deceased

adoptive son

CAUSES OF DEATH

Primary

Droopy

How long

How long

Immediate

Heart failure

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

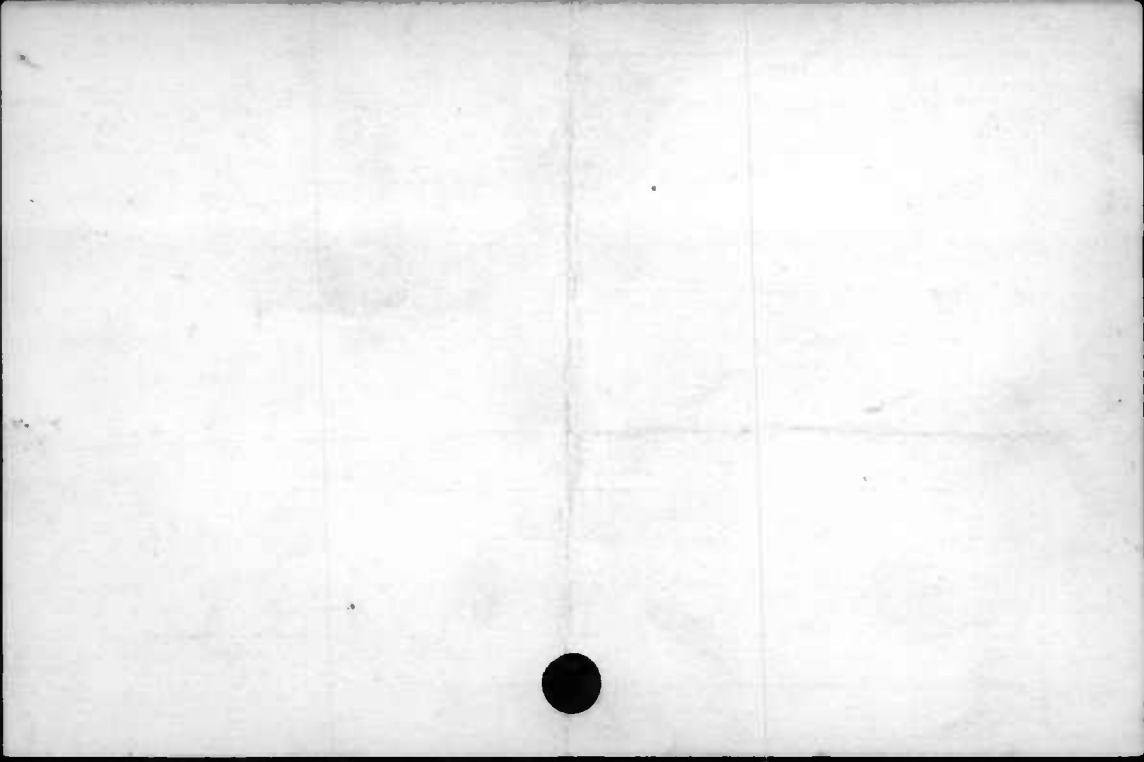
Address

Thos W. Brayman

Annapolis

Maryland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

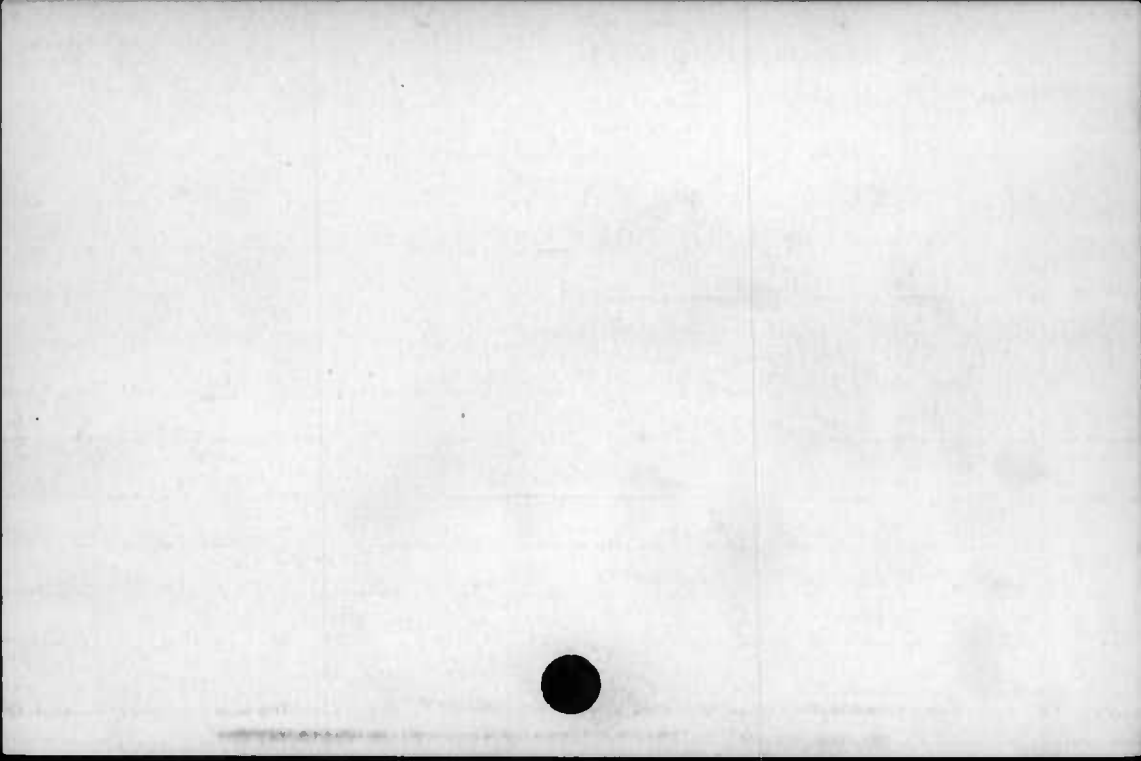
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Basil</i> Town <i>Germantown</i> County <i>a a</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>5</i>	Age <i>5</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germantown a co</i>	
Occupation <i>—</i>	Where Residing If not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Harry E. Basil</i>	Father's Birthplace <i>a a Co</i>		
Mother's Maiden Name <i>Rosa D Cox</i>	Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Harry E. Basil</i>	How related to deceased <i>Father</i>		

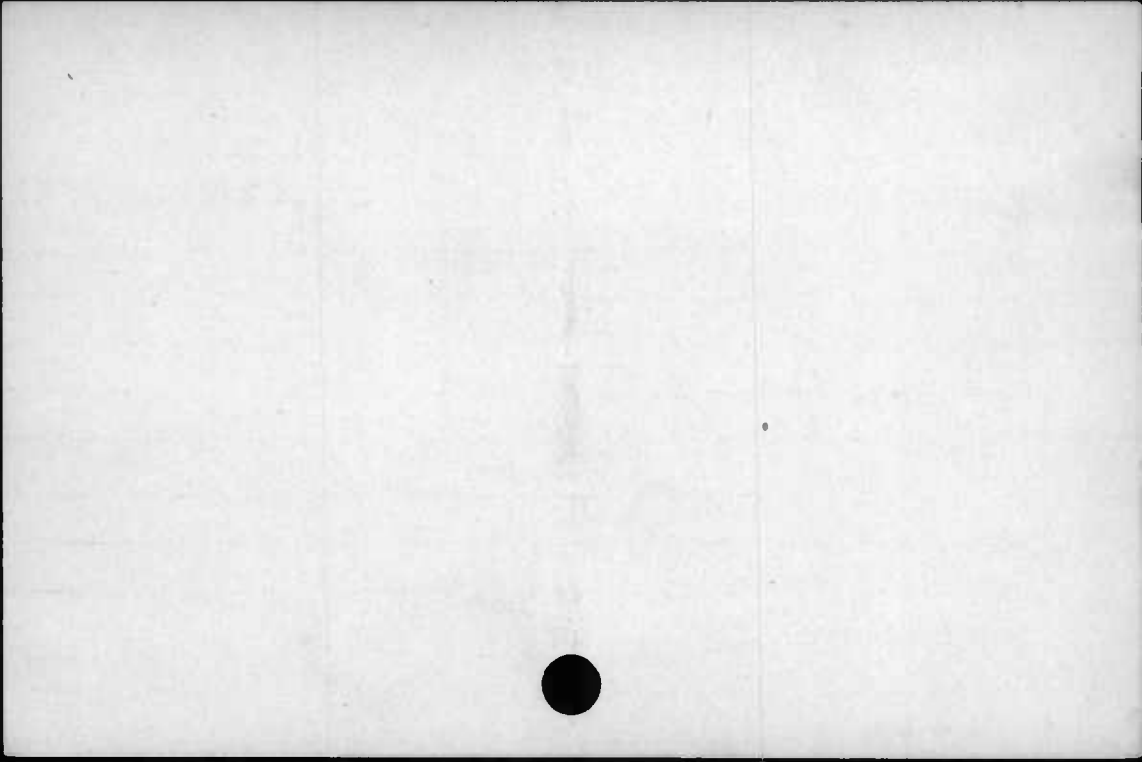
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born S.</i>	How long <i>S.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>	



Name in Full		034 Blackstone				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Wellhams</i>		Town		<i>Anne</i>		County		MARYLAND	
	Date of death <i>1906</i>		Month <i>May</i>		Day <i>7</i>		Age		Years	
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Wellhams Md</i>		Months <i>2</i>		Days	
	Occupation				Where Residing If not at place of death					
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name <i>Robert Blackstone</i>				Father's Birthplace <i>A. D. Md</i>					
	Mother's Maiden Name <i>Marietta Stewart</i>				Mother's Birthplace <i>A. D. Md</i>					
Name of person giving information <i>Annie Flecko</i>				How related to deceased <i>Friend</i>						
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary <i>Scrophula</i>		How long <i>2 months</i>							
	Immediate <i>Inanition</i>		(35)		How long <i>Two weeks</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>E. R. Winkler</i>		Address <i>Hanover Md</i>			
	Accident or Suicide?									



Name
in
Full

Rufus Booze

CERTIFICATE OF DEATH

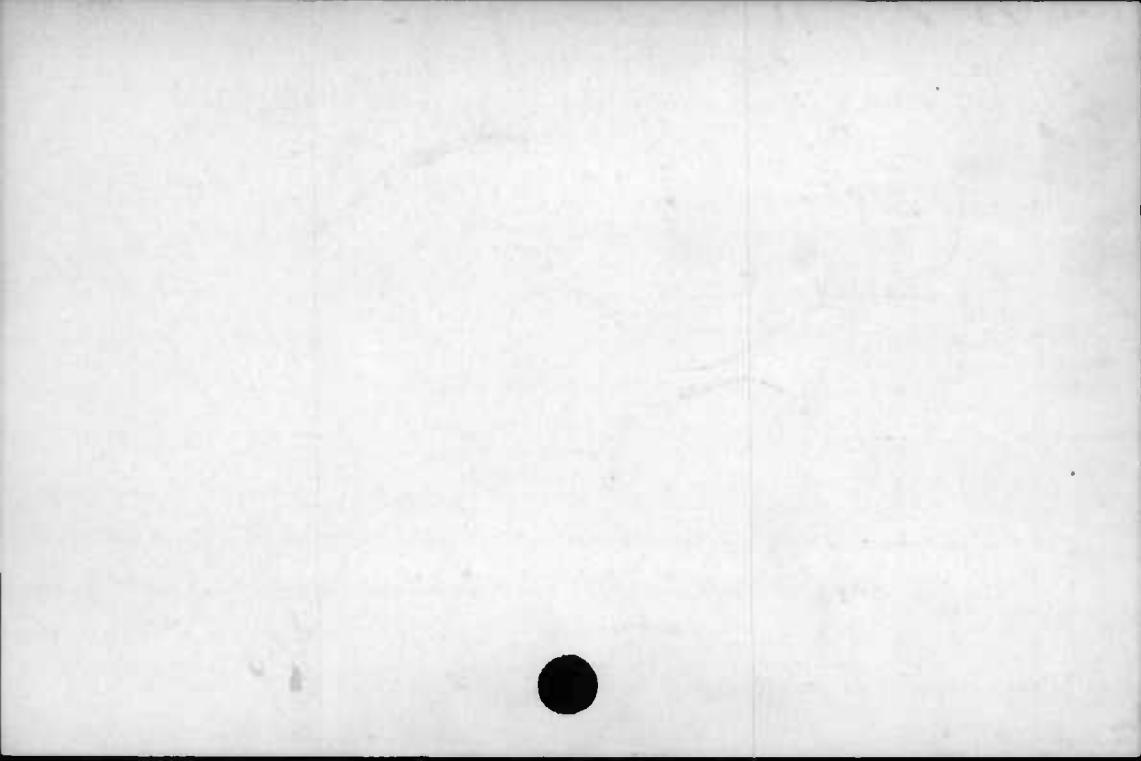
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County <i>94</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>31</i>	Age	Years <i>—</i>	Months <i>6</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore</i>				
Occupation <i>—</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Rufus Booze</i>			Father's Birthplace <i>A.A.C. Ind.</i>				
Mother's Maiden Name <i>Etta Williams</i>			Mother's Birthplace <i>Washington D.C.</i>				
Name of person giving information <i>Etta Booze</i>			How related to deceased <i>Mother.</i>				

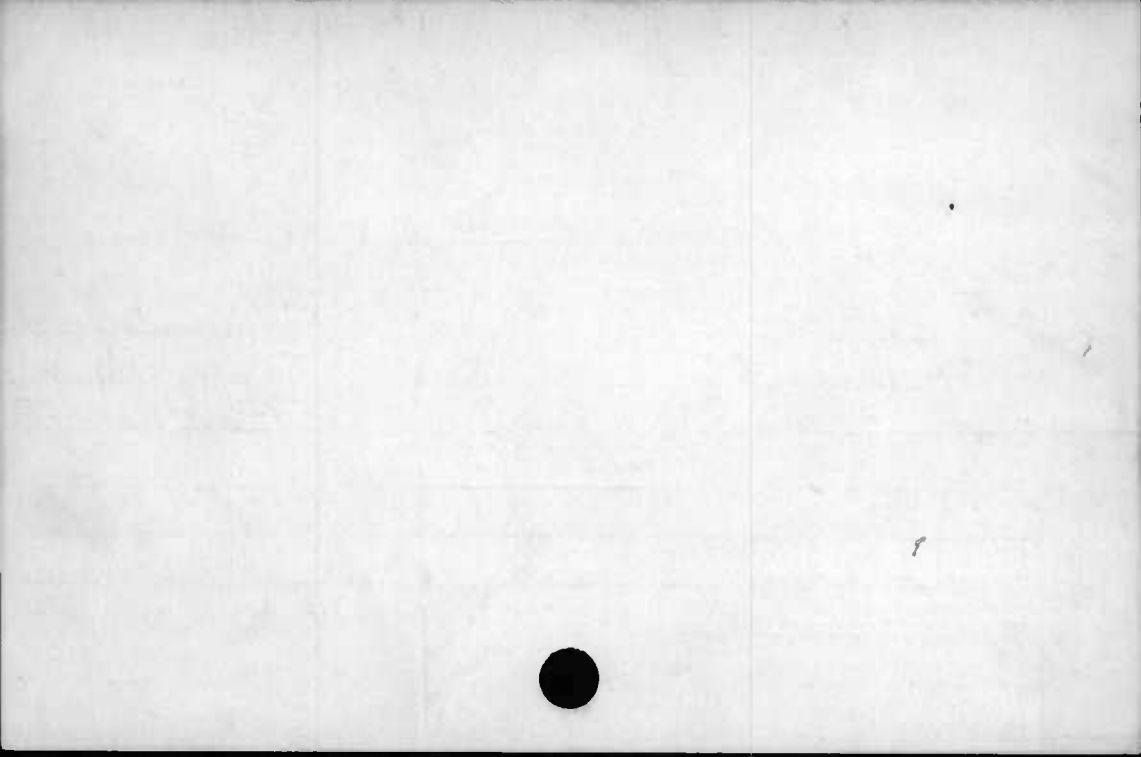
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>1 month</i>
Immediate <i>Exhaustion</i>	How long <i>(90)</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. S. Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>no</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis md</i>				<i>a. a. c</i>		MARYLAND		
		Date of death <i>1906</i>		Month <i>May</i>	Day <i>10th</i>	Age		Months <i>5-</i>	Days <i>9</i>	
		Sex <i>male</i>				Color or Race <i>Colored</i>		Birth-place <i>Annapolis md</i>		
		Occupation				Where Residing if not at place of death <i>23 Calvert st</i>				
		Married, Single or Widowed <i>single</i>				Name of Wife or Husband				
		Father's Name <i>Fredrick Brine</i>				Father's Birthplace <i>Annapolis md</i>				
		Mother's Maiden Name <i>Mary E. Cooper</i>				Mother's Birthplace <i>Annapolis md</i>				
PHYSICIAN OR CORONER		Name of person giving information <i>Mary E. Fry</i>				How related to deceased <i>Great Son-in-law</i>				
		CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Tuberculosis</i>				How long <i>Months</i>				
		Immediate <i>Exhaustion</i>				How long <i>Gradual</i>				
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>John Ridout</i>				
		<i>yes</i>				Address <i>Annapolis Md</i>				
		Accident or Suicide?								



Name
in
Full

Eliza Wylie Bruster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

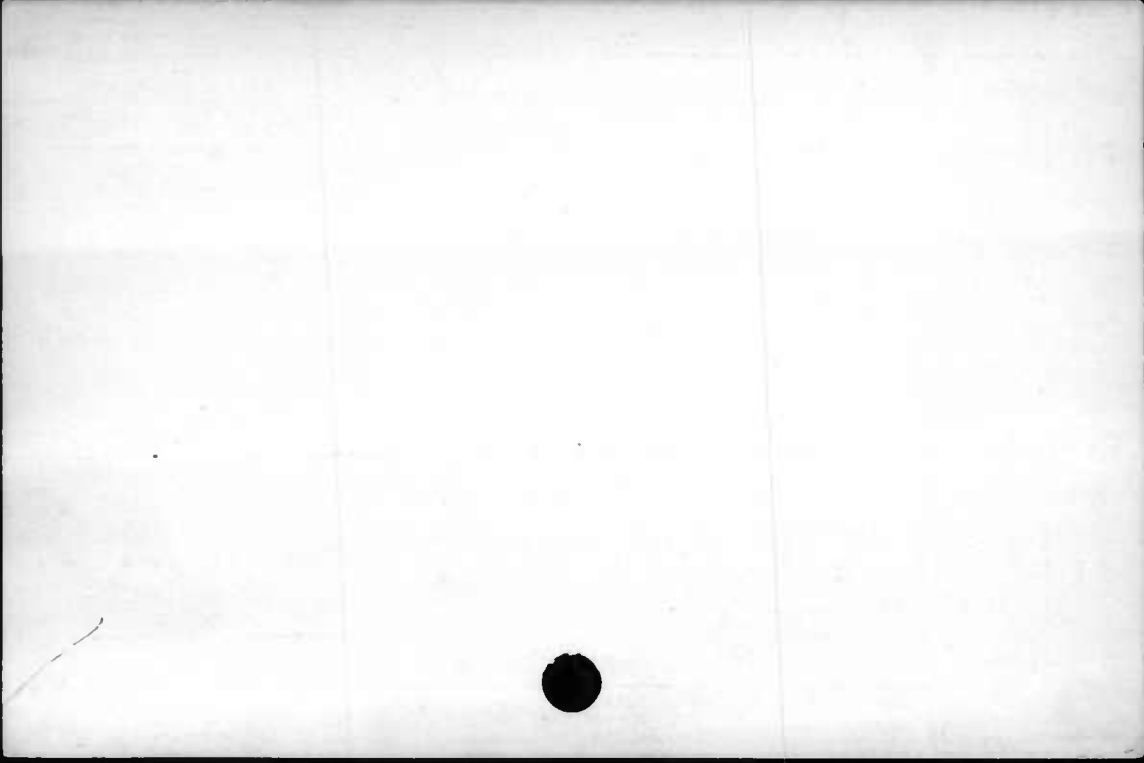
MARYLAND

Died at		Town		County			
Jesseup				A. A. Co			
Date of death	1906	Month	May	Day	4	Years	72
				Age		Months	Days
Sex	Female		Color or Race	White		Birthplace	Ireland
Occupation	Housewife			Where Residing if not at place of death		Jesseup	
Married, Single or Widowed	Single			Name of Wife or Husband		Louis C. Bruster	
Father's Name	John Wylie					Father's Birthplace	Ireland
Mother's Maiden Name	Jane Miller					Mother's Birthplace	Ireland
Name of person giving information	Samuel Wylie					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary bronchitis		How long	3 days
Immediate	Cardiac dilatation		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Wm. R. Eareckson
			Address	Eer Ridge, Md.
Accident or Suicide?				



Name
in
Full

Vernon Stanley Burch

CERTIFICATE OF DEATH

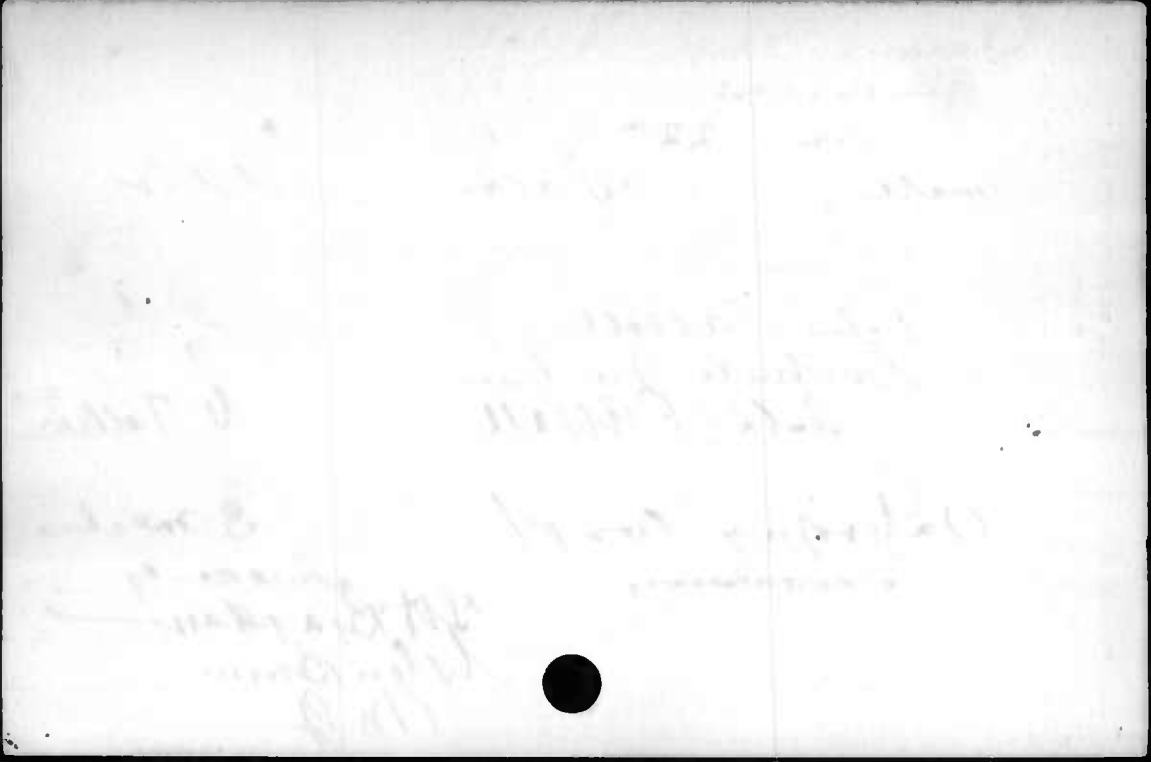
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Curtis Bay</i>		^{County} <i>Anne Arundel</i>		MARYLAND	
Date of death	1906	Month	May	Day	27
Age		Years		Months	9
Sex		Male		Color or Race	white
Occupation				Birth-place	Curtis Bay
Where Residing if not at place of death					
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name		<i>George F Burch</i>		Father's Birthplace	<i>Anne Arundel Co</i>
Mother's Maiden Name		<i>Mary I. Smith</i>		Mother's Birthplace	<i>Anne Arundel Co</i>
Name of person giving information		<i>Mary I. Burch</i>		How related to deceased	<i>Mother</i>

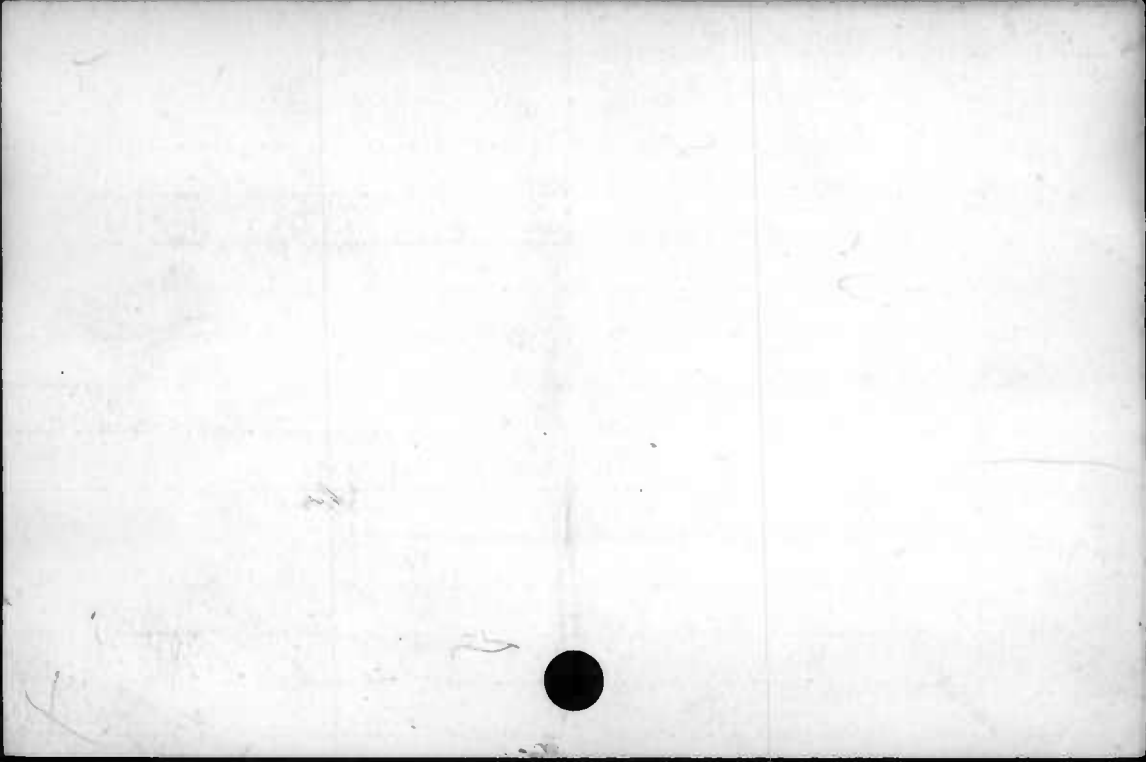
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>10 days</i>
Immediate	<i>Paralysis of Heart</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. P. Burton M.D.</i>	
Address		<i>So. Balto, Md.</i>	
Accident or Suicide?			



Name in Full		Clarence Wesley Carroll				CERTIFICATE OF DEATH													
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Remondy Dist</u>		County <u>AA</u>		MARYLAND													
		Date of death	1906	Month	May	Day	22	Age	1	Months		Days							
		Sex	male	Color or Race	African			Birth-place	AA Cr										
		Occupation				Where Residing If not at place of death													
		Married, Single or Widowed				Name of Wife or Husband													
PHYSICIAN OR CORONER		FATHER'S NAME						John Carroll		FATHER'S BIRTHPLACE		AA							
		MOTHER'S MAIDEN NAME						Bertrude Jackson		MOTHER'S BIRTHPLACE		AA							
		NAME OF PERSON GIVING INFORMATION						John Carroll		HOW RELATED TO DECEASED		to Father							
CAUSES OF DEATH																			
PHYSICIAN OR CORONER		Primary						Autopsy completed (6)						How long		3 weeks			
		Immediate						Coronary						How long		Anatomy			
		Are the name, age, sex, color, date and place correctly given above?						Signature of Physician						W. B. Bryant					
								Address						Aspen Bunn					
														M. G.					
PHYSICIAN OR CORONER		Accident or Suicide?																	



Name
in
Full

CERTIFICATE OF DEATH

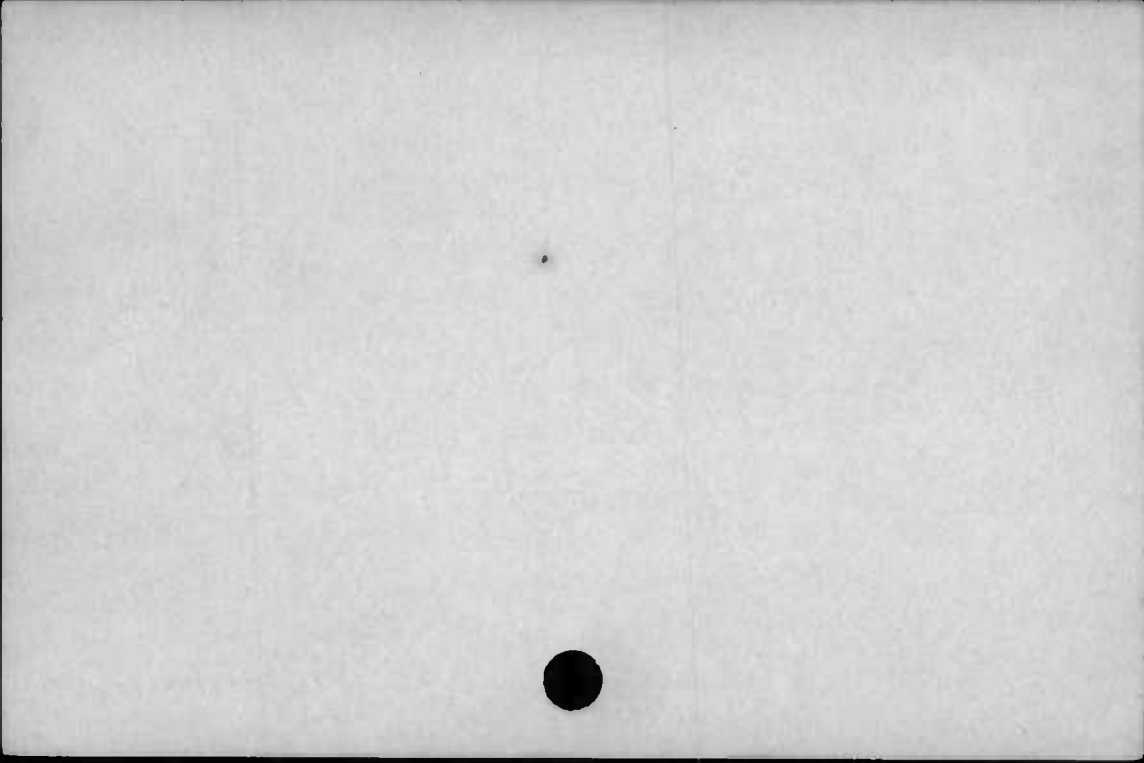
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		5	21	44			
Sex	Female		Color or Race	Colored		Birth-place	Calvert Co Md
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		Washington Smothers				Father's Birthplace	
Mother's Maiden Name		Caroline Tasker				Mother's Birthplace	
Name of person giving information		May Carter				How related to deceased	
						Brother in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis, Pulmonary		How long	Six Months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. L. Bragshaw
			Address	Friendship
				Md
Accident or Suicide?				



Name in Full		Walter Crick				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Gracey's Landing		County Anne Arundel		MARYLAND
	Date of death		1906	Month May	Day 7	Age Years 7	Months — Days —
	Sex		Male		Color or Race		Black
	Occupation		—		Birth- place		A. S. Co. Md.
	Where Residing if not at place of death		—		—		
	Married, Single or Widowed		Single		Name of Wife or Husband		—
	Father's Name		William Crick		Father's Birthplace		Md.
Mother's Maiden Name		Christian Simms		Mother's Birthplace		Md.	
Name of person giving In formation		Wm Crick		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Peritonitis		(116)		How long 1 week
	Immediate		—		—		How long —
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. H. Perrie
	—		—		Address		McKendree, Md.
Accident or Suicide?		—					



Name in Full		Amelia Davis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town McKendree		County Anne Arundel		MARYLAND	
	Date of death		1906	Month May	Day 26	Age 0	Years 8	Months 14
	Sex		Female		Color or Race Black		Birthplace A. S. Geo. Md	
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed Single				Name of Wife or Husband			
	Father's Name Lewis Davis				Father's Birthplace Md.			
Mother's Maiden Name Irene Dorsey				Mother's Birthplace Md.				
Name of person giving information Lewis Davis				How related to deceased Father				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary Capillary Bronchitis				How long 2 weeks			
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician A. H. Perrie			
					Address McKendree, Md.			
Accident or Suicide?								



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Barney Davis</i>		Town <i>Chever</i>		County <i>Anne Arundell</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 5 31</i>		<i>8</i>		<i>15</i>	
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>A. A. Co. Ind</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Thomas Davis</i>		Father's Birthplace <i>North Carolina</i>					
Mother's Maiden Name <i>Elmira Johnson</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Thomas Davis</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>4 weeks</i>
Immediate <i>Convulsions</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. J. Hammond</i>
	Address <i>Desup A. A. Co Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Liberato Del Giudice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Annapolis*

Town

A. A.

County

Date

of death *1906*

Month

May

Day

12

Years

Age *78*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Italy*

Occupation

*Mechanic*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Rosa Del Giudice*Father's
Name*Raffaello Del Giudice*Father's
Birthplace*Italy*Mother's
Maiden Name*Domenica Fiorillo*Mother's
Birthplace*Italy*Name of person giving
In formation*Marie F. Romano*How related
to deceased*Friend*

CAUSES OF DEATH

Primary

Infirmities of age

How long

3 years

Immediate

Bronchitis

How long

*Two days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Rep. Wells*

Address

*Annapolis
Md.*

Accident or Suicide?

No.



Name
in
Full.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Flannice Dennis</i>		Town <i>Annapolis md</i>		County <i>A. A. Co.</i>		MARYLAND	
Died at <i>Annapolis md</i>		Date of death <i>1906 May 6</i>		Age <i>2</i>		Months <i>9</i> Days	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis md</i>			
Occupation				Where Residing if not at place of death <i>142 White-Riv-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles Dennis</i>		Father's Birthplace <i>Annapolis md</i>					
Mother's Maiden Name <i>Maggie Jones</i>		Mother's Birthplace <i>Annapolis md</i>					
Name of person giving information <i>Charles Dennis</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>		How long <i>90</i> <i>some days</i>	
Immediate <i>Apnoea</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Ridout M.D.</i>	
		Address <i>Annapolis md</i>	
Accident or Suicide?			



Name
in
Full

Born dead Fibich

CERTIFICATE OF DEATH

MARYLAND

Died at So Baltimore

a a

Date of death 1906

Month

May

Day

3

Age

Years

Months

Days

Sex

male

Color or
Race

white

Birth-
place

So. Baltimore Md

Occupation

Where Residing if not
at place of deathSingle
or WidowedName of Wife or
HusbandFather's
Name

George Fibich

Father's
Birthplace

Unknown

Mother's
Maiden Name

Mary Kaddawa

Mother's
Birthplace

Prussia

Name of person giving
information

Frank Fibich

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Born. Dead

How long

—

Immediate

—

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

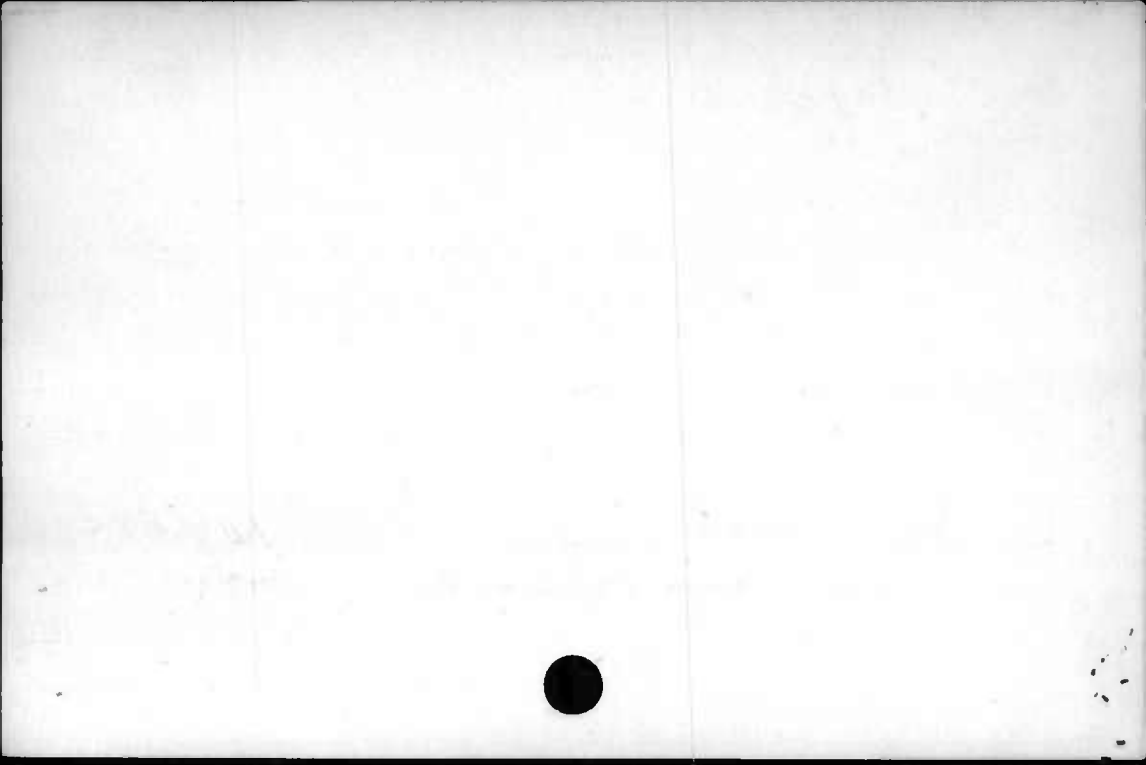
Chas. B. Norton MD

Address

So. Balto, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Fibich

CERTIFICATE OF DEATH

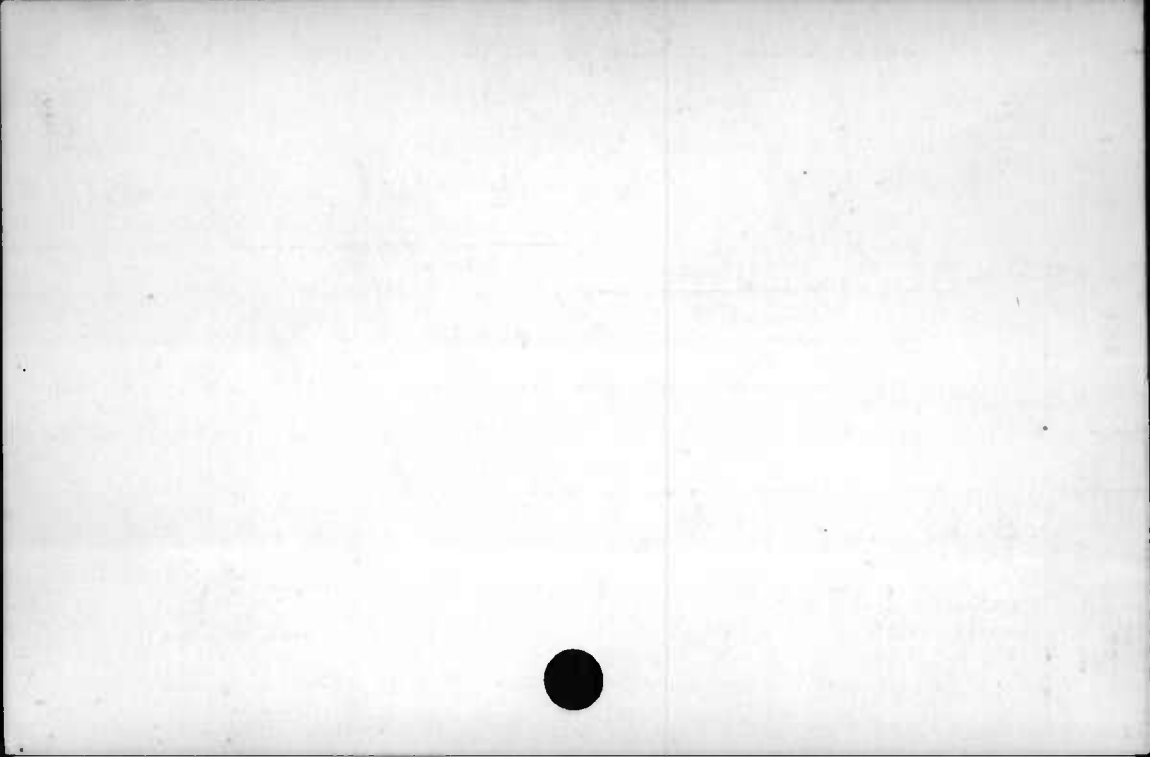
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So. Baltimore</i> ^{Town}		<i>a</i> ^{County} <i>a</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>May</i>	Day	<i>3</i>
Age		<i>43</i>	Years	<i>—</i>	Months
Sex	<i>female</i>	Color or Race	<i>White</i>	Birth-place	<i>Prussia</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>—</i>		
Married, <i>—</i>	Name of Wife or Husband		<i>Geo. Fibich</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>R. Malawa</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving Information	<i>Frank Fibich</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

Primary	<i>Puerperal Eclampsia</i>	How long	<i>38</i>
Immediate	<i>Heart Failure</i>	How long	<i>Half hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. B. Norton M.D.</i>
		Address	<i>So. Balto. Md.</i>
Accident or Suicide? <i>—</i>			

PHYSICIAN
OR CORONER



Name
in
Full

Isaac Fraustlin

CERTIFICATE OF DEATH

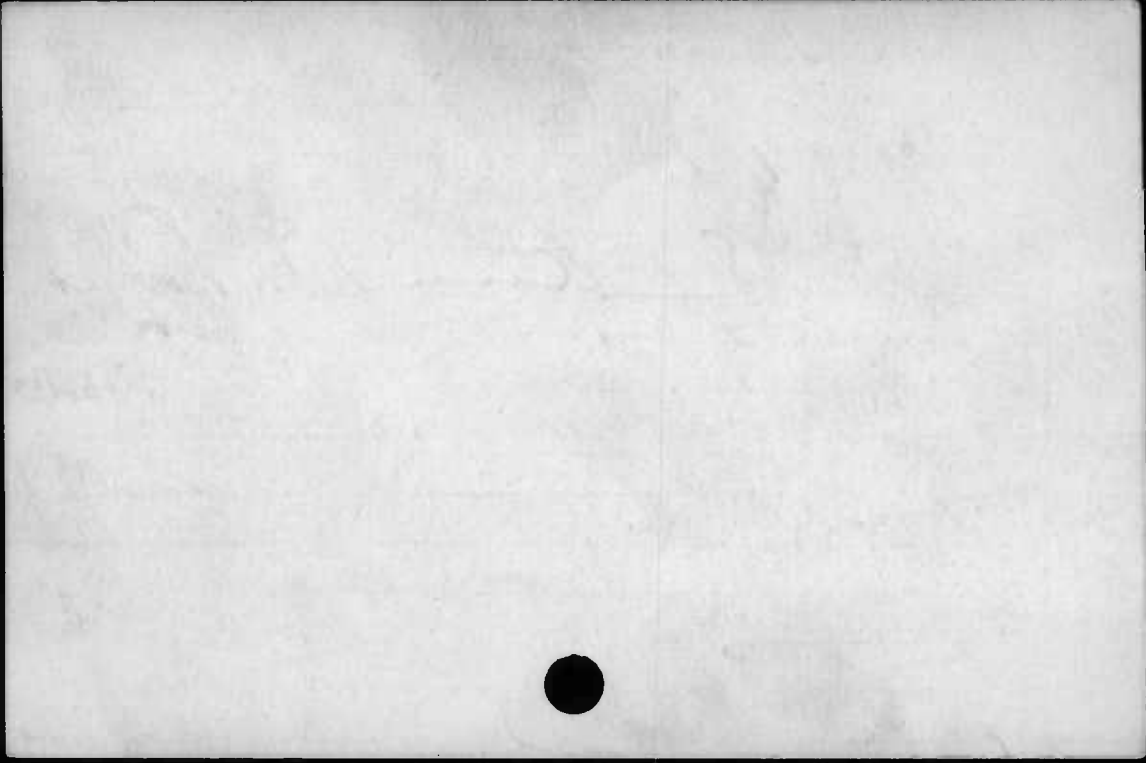
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>May</u> <small>Day</small> <u>13</u> <small>Years</small> <u>45</u> <small>Months</small> <u></u> <small>Days</small> <u></u>		Age <u>45</u>			
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>A.C.C.O.</u>			
Occupation <u>Lawyer</u>		Where Residing if not at place of death <u>Clay St.</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Addie Fraustlin</u>				
Father's Name <u>Sam'l Fraustlin</u>		Father's Birthplace <u>A.C.C.O.</u>			
Mother's Maiden Name <u>Geet Brown</u>		Mother's Birthplace <u>Dunklin</u>			
Name of person giving information <u>Joseph Addison</u>		How related to deceased <u>friend</u>			

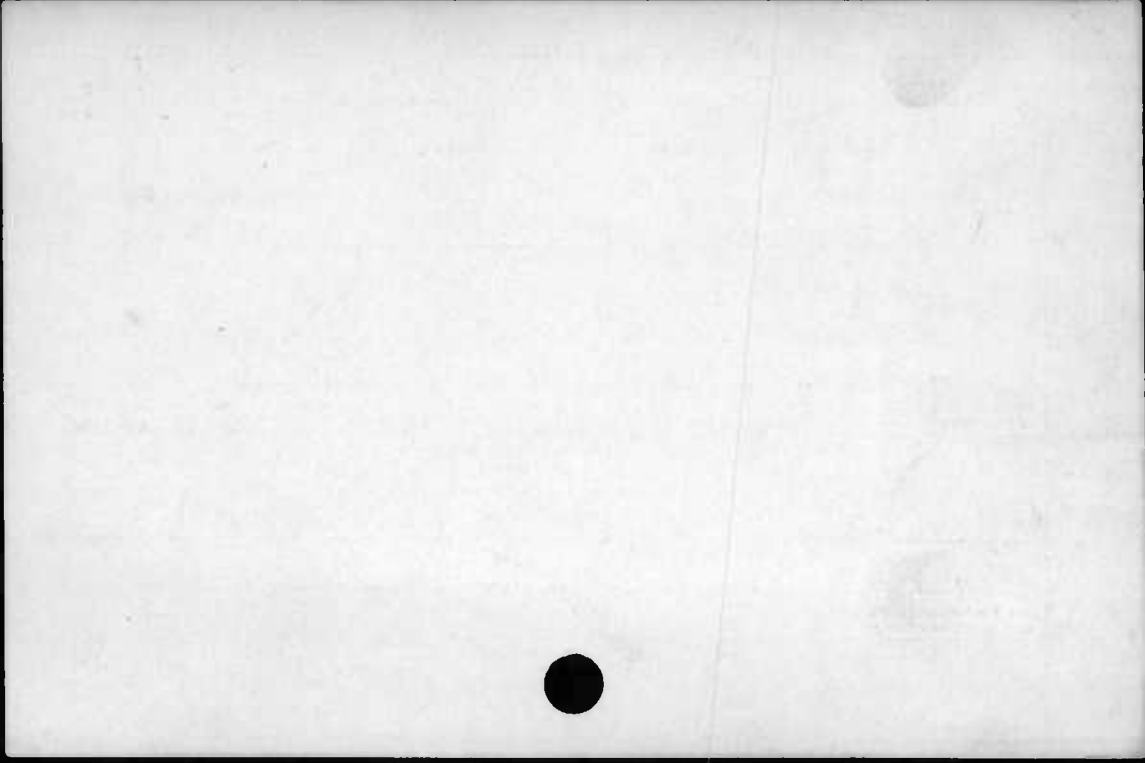
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u> <u>(64)</u>	How long <u>Some days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout M.D.</u>
<u>yes</u>	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name in Full		Still Born Green				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis Md		County A. A. C		MARYLAND
	Date of death		Month 1906 May	Day 7	Years	Months	
	Sex female		Color or Race Colored			Birth- place Annapolis Md	
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed single		Name of Wife or Husband				
	Father's Name Herbert Green		Father's Birthplace Annapolis Md				
	Mother's Maiden Name Maria Simms		Mother's Birthplace Annapolis Md				
Name of person giving In formation Maria Simms		How related to deceased mother					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still born				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Wm S. Welch H.O.		
			Address		Annapolis		
Accident or Suicide?							



Name
in
Full

Sarah Gross.

CERTIFICATE OF DEATH

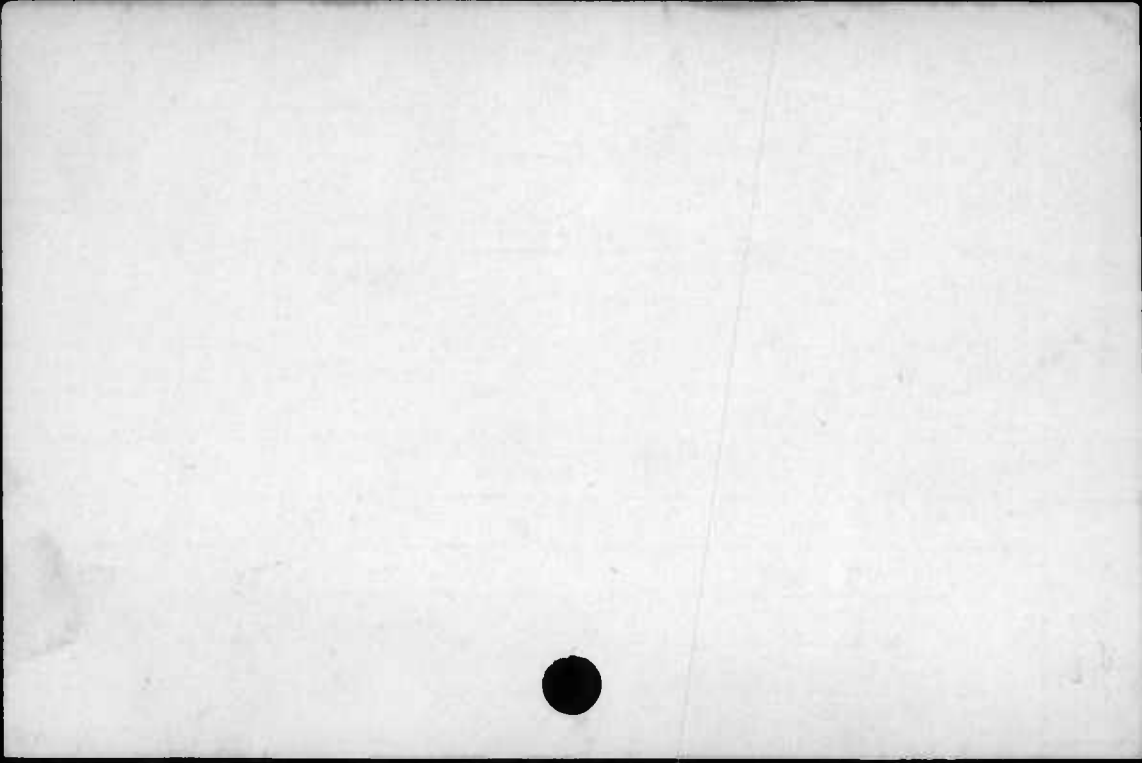
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>McKendree</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small>	<u>May</u> <small>Day</small>	<u>7</u> <small>Years</small>	<u>20</u> <small>Months</small>	<u>—</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Ind.</u>			
Occupation <u>Housework</u>	Where Residing If not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>William Gross.</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Catherine Neal</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>George Gross</u>	How related to deceased <u>Brother</u>				

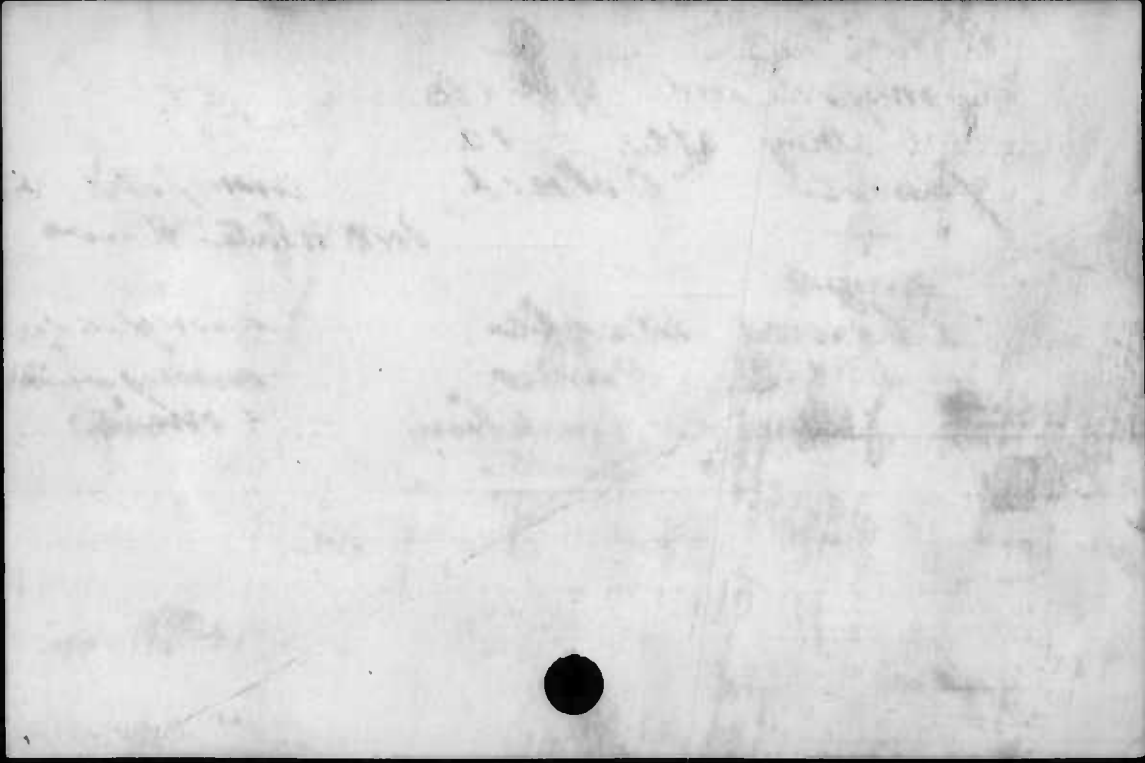
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>6 months</u>
Immediate <u>(21)</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. N. Perrie</u>
	Address <u>McKendree Ind.</u>
Accident or Suicide? <u>—</u>	



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		a. a. c.		MARYLAND							
		Date of death	190	Month	May	Day	18	Age	17	Months	7	Days	8
		Sex	Female	Color or Race	Colored	Birth- place	Maryland						
		Occupation					Where Residing if not at place of death	148 White St.					
		Married, Single or Widowed	Single	Name of Wife or Husband									
		Father's Name	Thomas Mable				Father's Birthplace	Maryland					
		Mother's Maiden Name	Leah Adams				Mother's Birthplace	Maryland					
Name of person giving In formation		John L. Franklin				How related to deceased	Cousin						
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary	Bums				How long	Ten days					
		Immediate	Getanus				How long						
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	John Ridout M.D.						
		Yes				Address	Annapolis Md.						
		Accident or Suicide?				accident							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Round Bay</i> ^{Town}		<i>Arundel</i> ^{County}		MARYLAND	
Date of death	1906	Month	May	Day	14
				Years	42
Sex	Male	Color or Race	White	Birth place	<i>Hampton</i>
Occupation	Farmer		Where Residing if not at place of death <i>Round Bay</i>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Ernest</i>			Father's Birthplace	<i>Dorchester</i>
Mother's Maiden Name	<i>Dorothy</i>			Mother's Birthplace	<i>Hampton</i>
Name of person giving information	<i>L.E. Hays</i>			How related to deceased	<i>friend</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

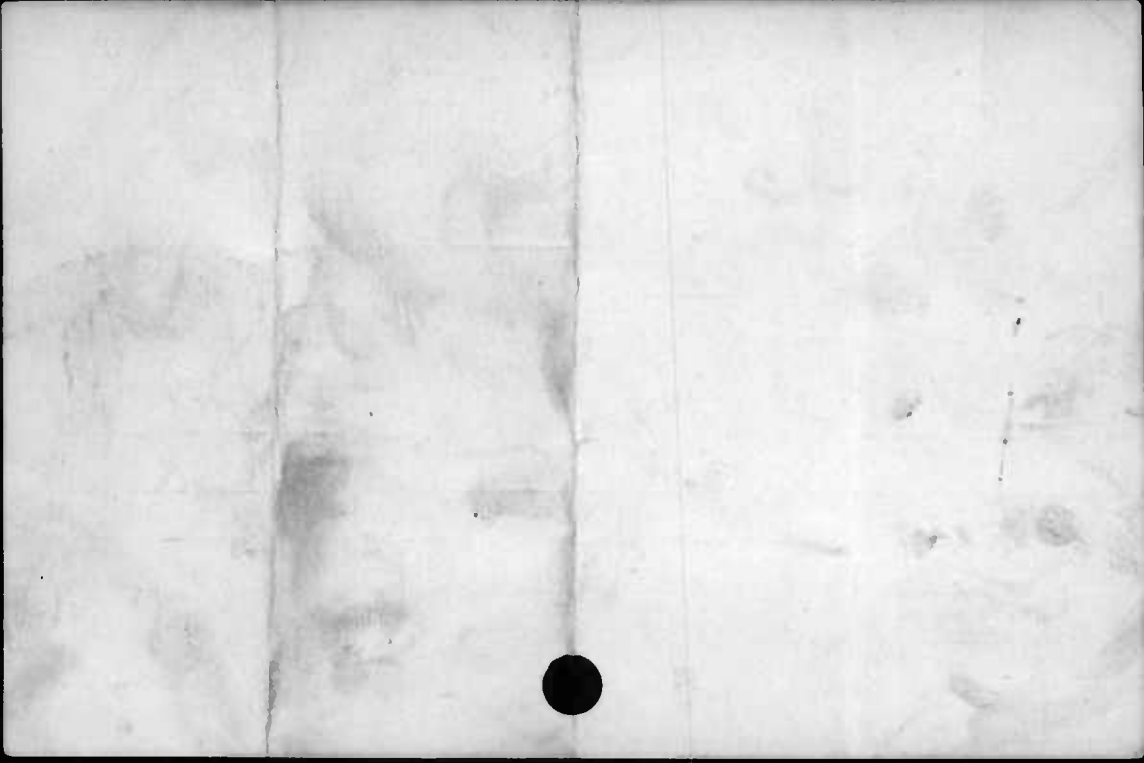
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

St. Janina Muzirk

CERTIFICATE OF DEATH

Died at

Carter Bay

Town

County

a a

MARYLAND

Date

of death 1906

Month

May

Day

5

Age

Years

7

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

m a

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joe Muzirk

Father's
Birthplace

Austria

Mother's
Maiden Name

Catherine Muzirk

Mother's
Birthplace

Austria

Name of person giving
in formation

Father

How related
to deceased

CAUSES OF DEATH

(9)

Primary

Diphtheria

How long

6 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. H. Brooke

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Richard Pleasant

CERTIFICATE OF DEATH

Town

County

Died at

West Annapolis Md. A. D. C.

MARYLAND

Date

of death

1906

Month

May

Day

1st

Years

Age

Months

3

Days

Sex

Female

Color or
Race

Colored

Birth-
place

West Annapolis Md.

Occupation

Where Residing if not
at place of death

West Annapolis Md.

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Edward Pleasant

Father's
Birthplace

New York

Mother's
Maiden Name

Bertha Brown

Mother's
Birthplace

West Annapolis Md.

Name of person giving
In formation

Stattie Brown

How related
to deceased

Grand mother

CAUSES OF DEATH

Primary

Gastro Enteritis

How long

105 Four days

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Yes

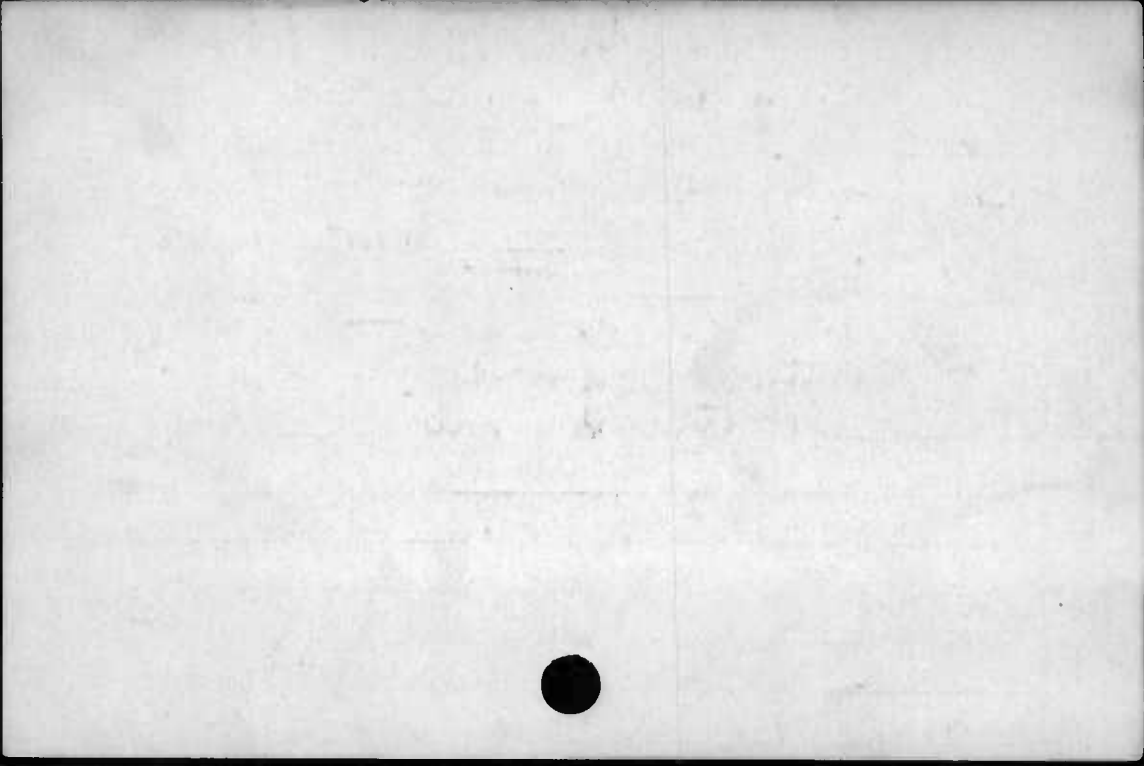
Signature of
Physician

Address

John Ridout
Annapolis
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Gustavus Reckzoh community known as "August Rex"

Certificate of Death

Died at Farm of Jas S. Porter near mouth of Neagoshy Run 3 1/2 mi S.E. of A.A.C. MARYLAND

Date 1906 May 1st Age 41. Y. M. D. Native of Germany Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of —

Wife —

Father's —

Name —

Mother's —

Name —

Cause of Death { Primary Apoplexy (supposed)

Immediate (Died when found)

How long sick Complaining 3 or 4 days of pains in head

Accident, Suicide, Homicide

Reported by Alexander Patterson on the James Porter Farm and

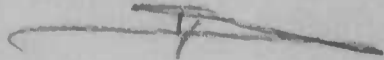
Address Melville S. Dunlap Justice of the Peace acting as Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr Geo H Crane

From

M 1 Dec 1884



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Magnus Point		Annapolis		Anne Arundel		MARYLAND	
Date of death	1906	Month	May	Day	26	Age	65
Sex		Male		Color or Race		White	
Occupation		Cutter		Birth-place		Lumay	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Katharine Rupp	
Father's Name		Not known		Father's Birthplace		Not known	
Mother's Maiden Name		"John W. Rupp"		Mother's Birthplace			
Name of person giving information		John W. Rupp		How related to deceased		Son.	

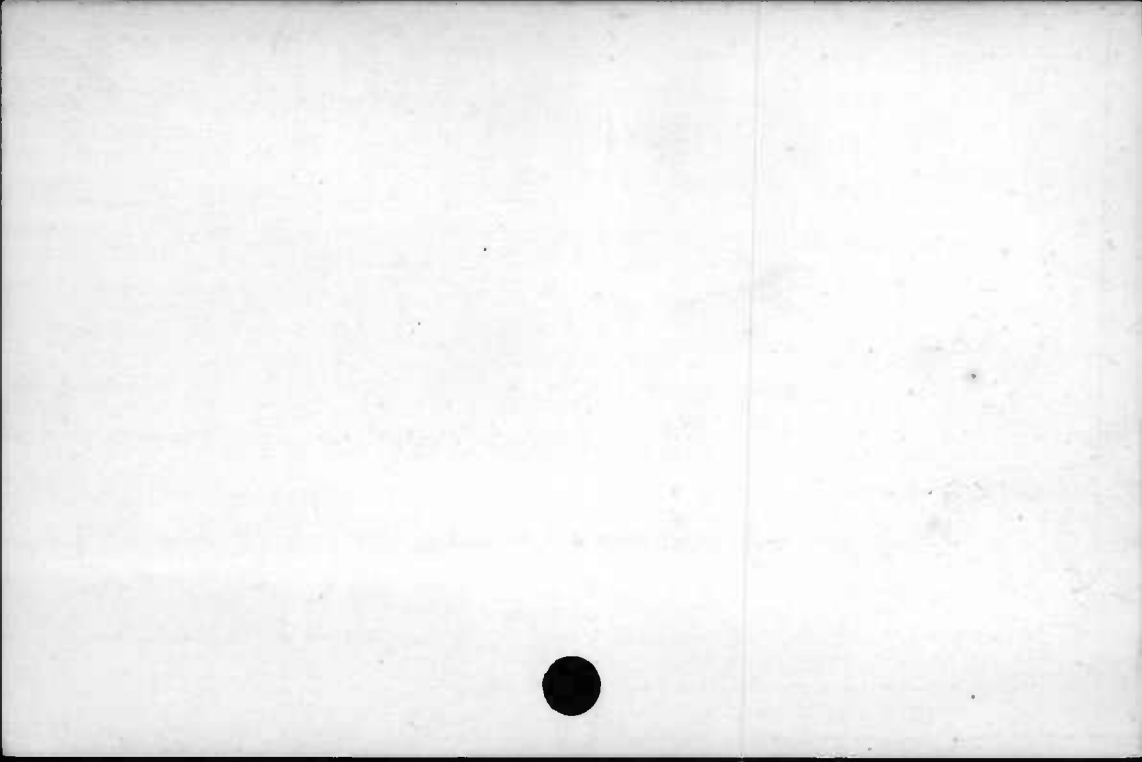
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Interstitial hepatitis	How long	several months
Immediate	Hemorrhage from stomach	How long	several days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Fred A. Comadi, M.D.	
Address		2221 E. Baltimore St. Baltimore, Md.	
Accident or Suicide?			



Name In Full		Catharine Schenrich				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Jesup		Anne Arundel		MARYLAND	
	Date of death	1906	Month 5-	Day 30	Age 79	Months —	Days 3
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Widow		Name of Wife or Husband			
	Father's Name	Jacob Bauer				Father's Birthplace	Germany
	Mother's Maiden Name	—				Mother's Birthplace	"
	Name of person giving information	Valentine Schenrich				How related to deceased	Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Nephritis				How long	—
	Immediate	Convulsions				How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	R. Hammond	
	Accident or Suicide?		No		Address	Jesup —	



Name
in
Full

CERTIFICATE OF DEATH

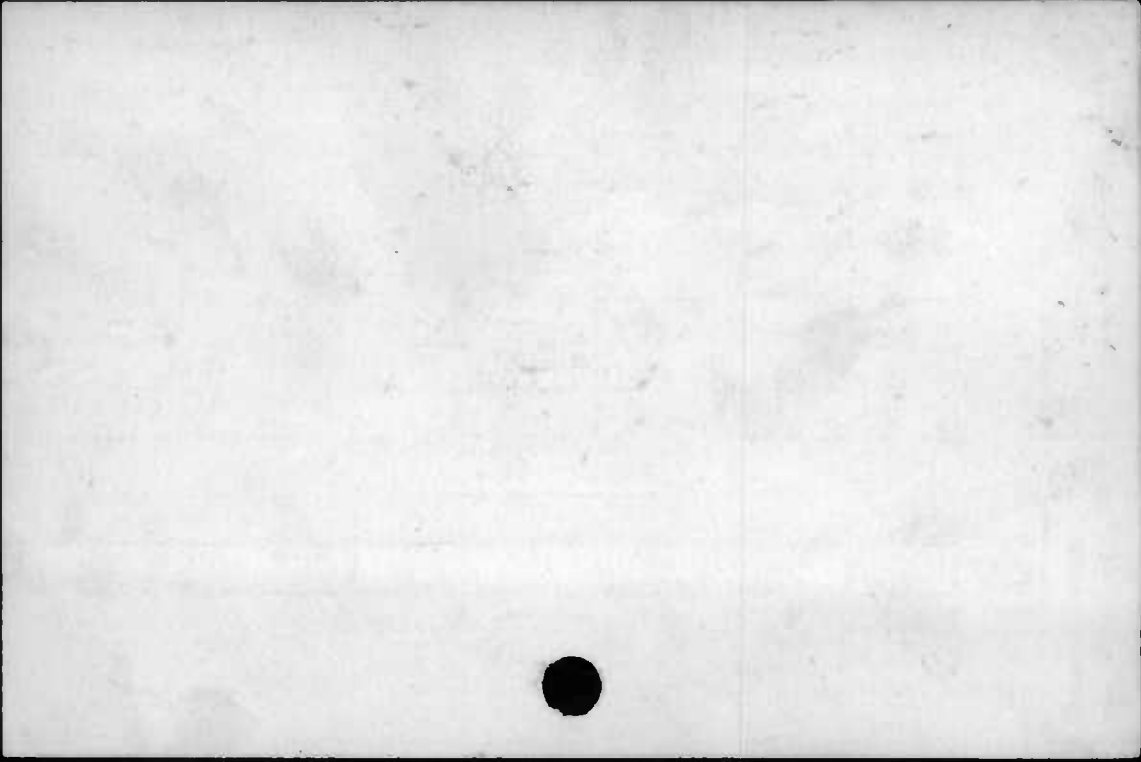
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis md</i>		Town <i>Annapolis md</i>		County <i>A. A. C.</i>		MARYLAND	
Date of death	1906	Month	May	Day	4	Age	44
Sex	female	Color or Race	Colored	Birth-place	Annapolis md		
Occupation	Cooking			Where Residing if not at place of death <i>Acton Lane</i>			
Married, Single or Widowed	Widowed			Name of Wife or Husband <i>Charles Simms</i>			
Father's Name	Jack Carpenter			Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name	Isabella Carpenter			Mother's Birthplace <i>'' ''</i>			
Name of person giving information	Bertha Spigg			How related to deceased <i>niice</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mammary Carcinoma</i>		How long	<i>3 years.</i>
Immediate	<i>Carcinomatosis & exhaustion</i>		How long	<i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Louis B. Heupel Jr</i>	
			Address <i>195 Gloucestre St., Annapolis, Md.</i>	
Accident or Suicide?		<i>—</i>		



Name
in
Full

Charlotte Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

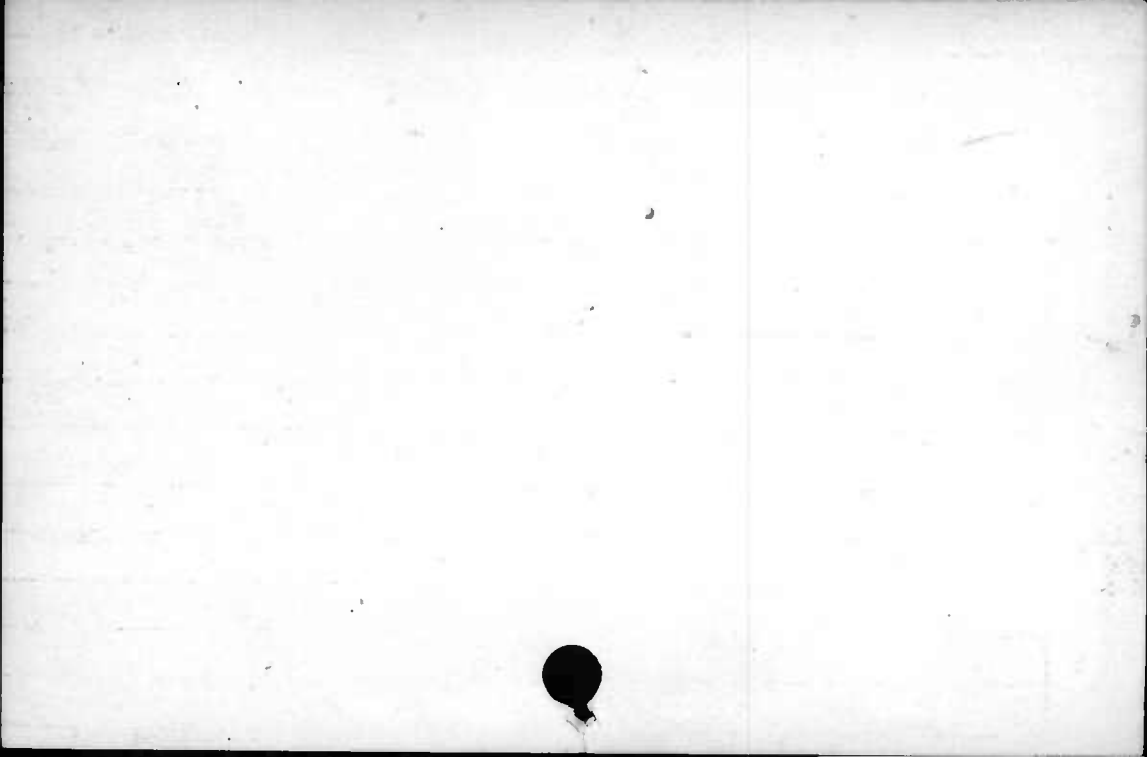
MARYLAND

Died at <i>Mary</i>		Town <i>Arundel</i>		County	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>27</i>	Age <i>50</i>	Years	Months
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Arundel County</i>	
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Spencer</i>			
Father's Name <i>William Turner</i>			Father's Birthplace <i>Arundel County</i>		
Mother's Maiden Name <i>Sant Know</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm Spencer</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Crane MD</i>
	Address <i>Armyer MD</i>
Accident or Suicide?	



Name
in
Full

Miss Abbie Spurrier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County		MARYLAND	
Date of death		1906	Month <i>Mar</i>	Day <i>5</i>	Age <i>68</i>	Years <i>-</i>	Months Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore</i>			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Nelson Spurrier</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Eliza Camp</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving Information <i>Josephine Spurrier</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

Primary	<i>Bright's disease</i>	How long	<i>Several months</i>
Immediate	<i>Pneumonia</i>	How long	<i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician <i>J.M. Worthington</i>		Address <i>Annapolis Md.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Wilbur H. Stevens

CERTIFICATE OF DEATH

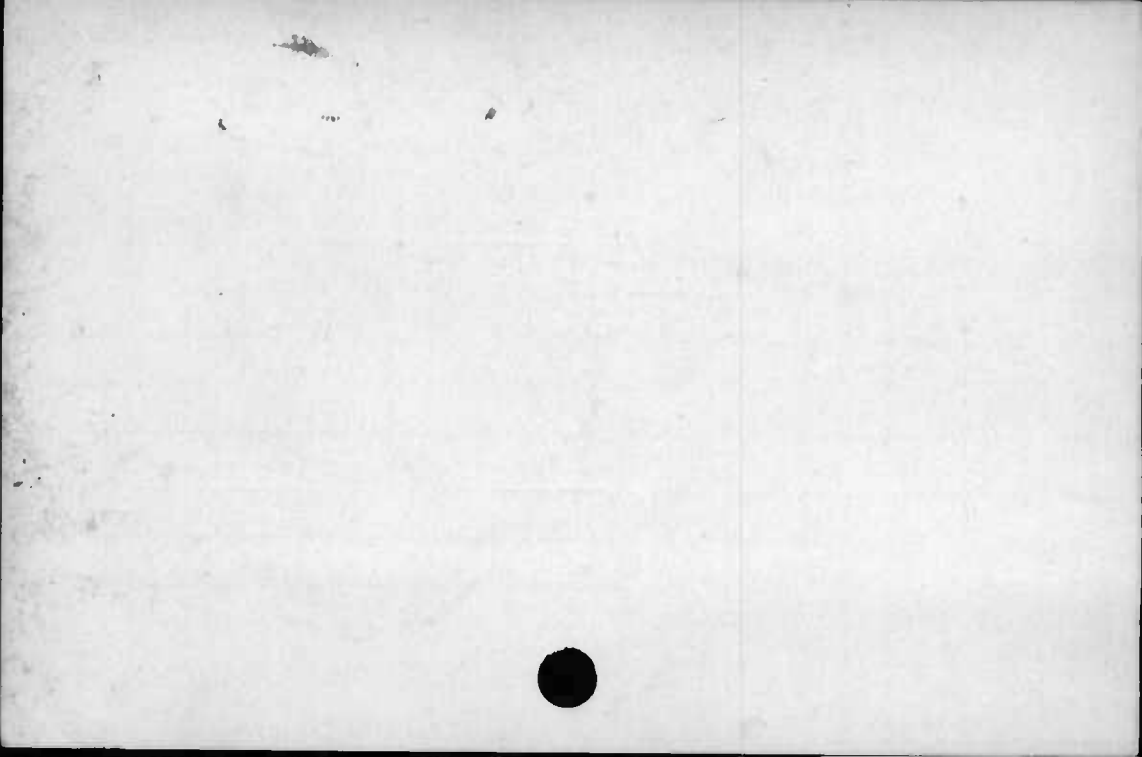
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>East Port</u> <small>Town</small>		<u>Anne Arundell</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>31</u> <small>Day</small>	Age <u> </u> <small>Years</small>	Months <u>10</u> Days <u>25</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>East port</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Philip T. Stevens</u>		Father's Birthplace <u>Calvert Co Md</u>			
Mother's Maiden Name <u>Emma S. Wood</u>		Mother's Birthplace <u>Calvert Co Md</u>			
Name of person giving information <u> </u>		How related to deceased <u>Father</u>			

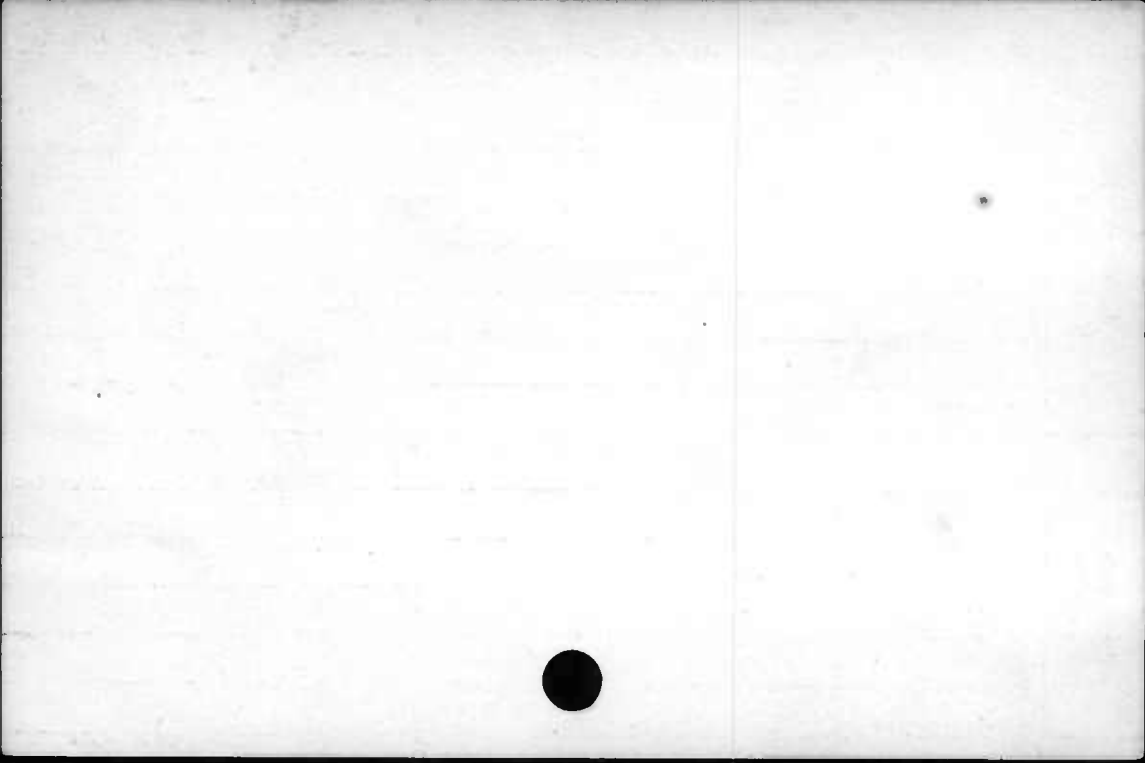
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Whooping cough</u>	How long	<u>2 weeks</u>
Immediate	<u>Strangled</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo Wells M D</u>	
		Address <u>Annapolis Md</u>	
Accident or Suicide?			



Name in Full		Julia Ann Talbot				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Marley</i>		Town <i>Marley</i>		County <i>Anne Arundel</i>	
		Date of death <i>1906</i>		Month <i>May</i>		Day <i>5</i>	
		Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Anne Arundel Co</i>	
		Occupation <i>Housekeeper</i>		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <i>Jeremiah Talbot</i>		Father's Birthplace <i>Anne Arundel County</i>			
		Mother's Maiden Name <i>Julia Ann Miller</i>		Mother's Birthplace <i>Anne Arundel County</i>			
		Name of person giving information <i>Jeremiah Talbot</i>		How related to deceased <i>Father</i>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Phthisis Pulmonalis</i>		How long <i>1 year</i>			
		Immediate <i>Heart failure</i>		How long <i>Immediate</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. H. Crane M.D.</i>			
				Address <i>Armiger - Md</i>			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

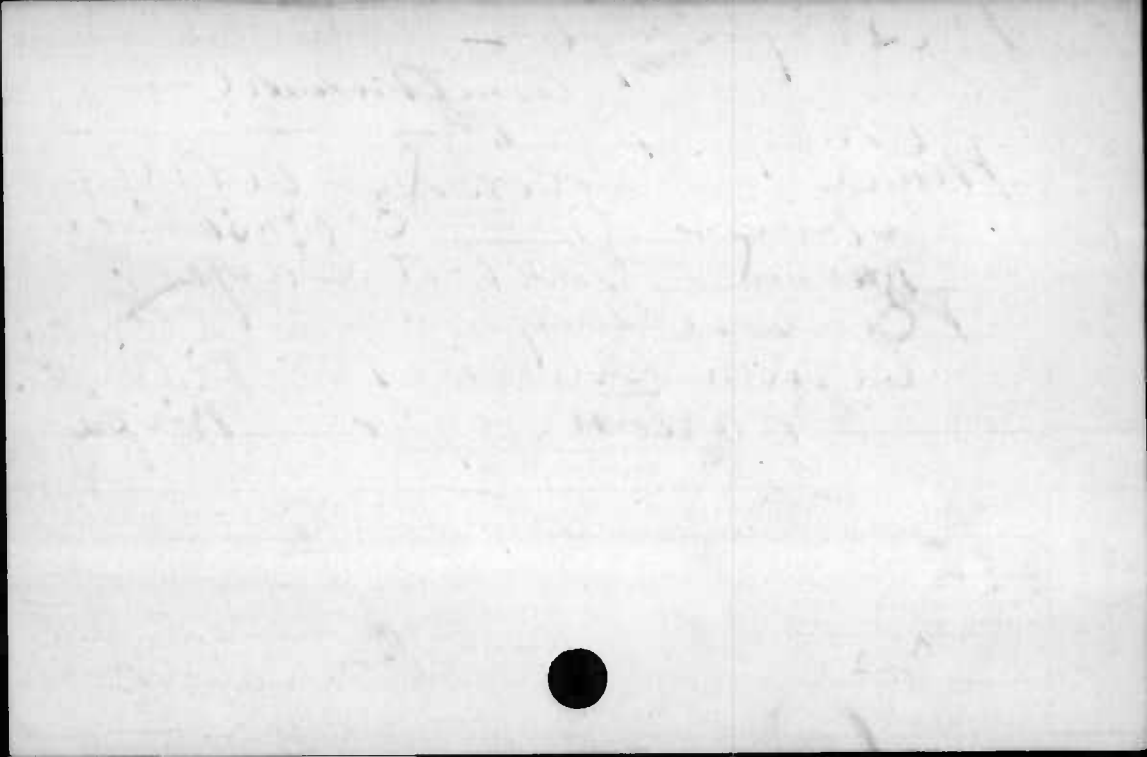
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name
in
Full

CERTIFICATE OF DEATH

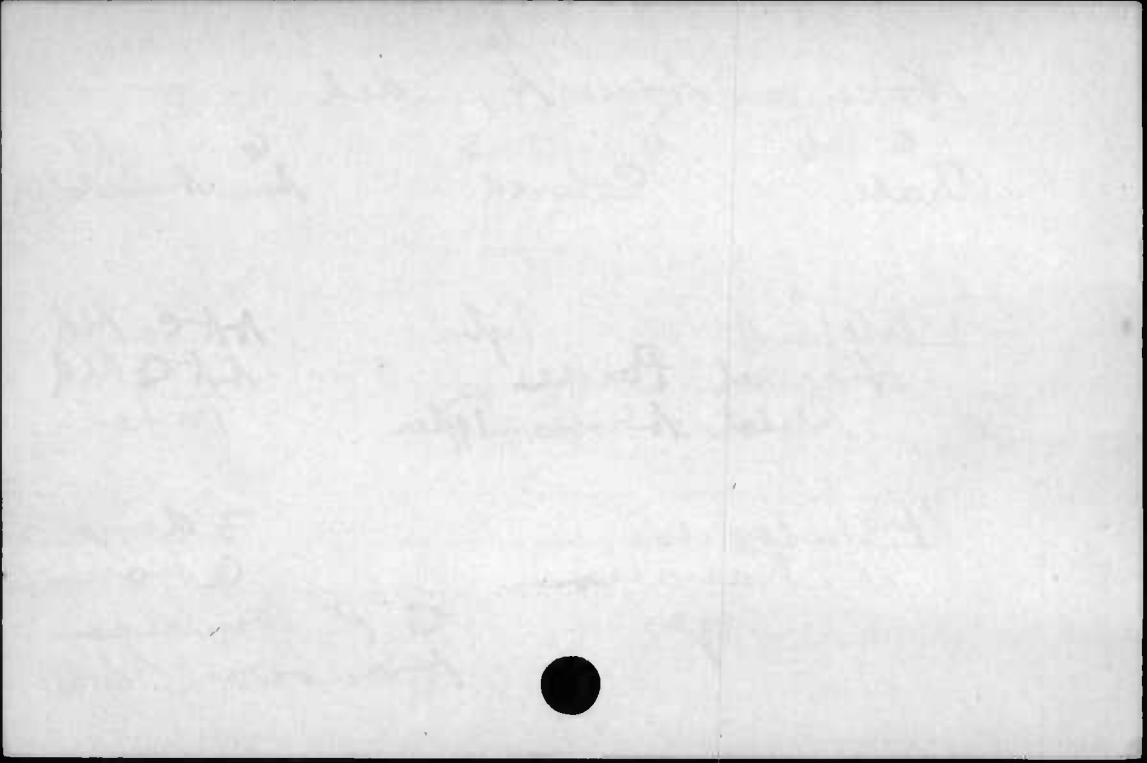
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East-Port-</i> Town		County		MARYLAND	
Date of death	1906	Month	May	Day	12
Sex	Male	Color or Race	White	Age	4
Occupation		Where Residing if not at place of death		Months	17
Married, Single or Widowed	Single	Name of Wife or Husband		Birth-place	East-Port-
Father's Name	Robt. H. Thomas	Father's Birthplace	Baltimore Md	Mother's Maiden Name	Ida Davis
Mother's Name	Ida Davis	Mother's Birthplace	A. A. Co. Md	Name of person giving information	Robt. H. Thomas
		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	Two weeks
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm S Welch
		Address	Annapolis
Accident or Suicide?			



Name
in
Full

Handy Abraham Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Barman* Town *Anne Arundel* County

MARYLAND

Date of death 1906 Month 5 Day 4 Age 3 Years 6 Months 19 Days

Sex Male Color or Race Colored Birth-place Anne Arundel Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Fletcher Abraham Tyler Father's Birthplace H Co Md

Mother's Maiden Name Harriet Parker Mother's Birthplace L Co Md

Name of person giving information Fletcher Abraham Tyler How related to deceased Father

CAUSES OF DEATH

Primary Peritonitis Exhaustion (116) How long 3 days

Immediate Exhaustion (116) How long 6 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician G R Winters

Address Hanover Md

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

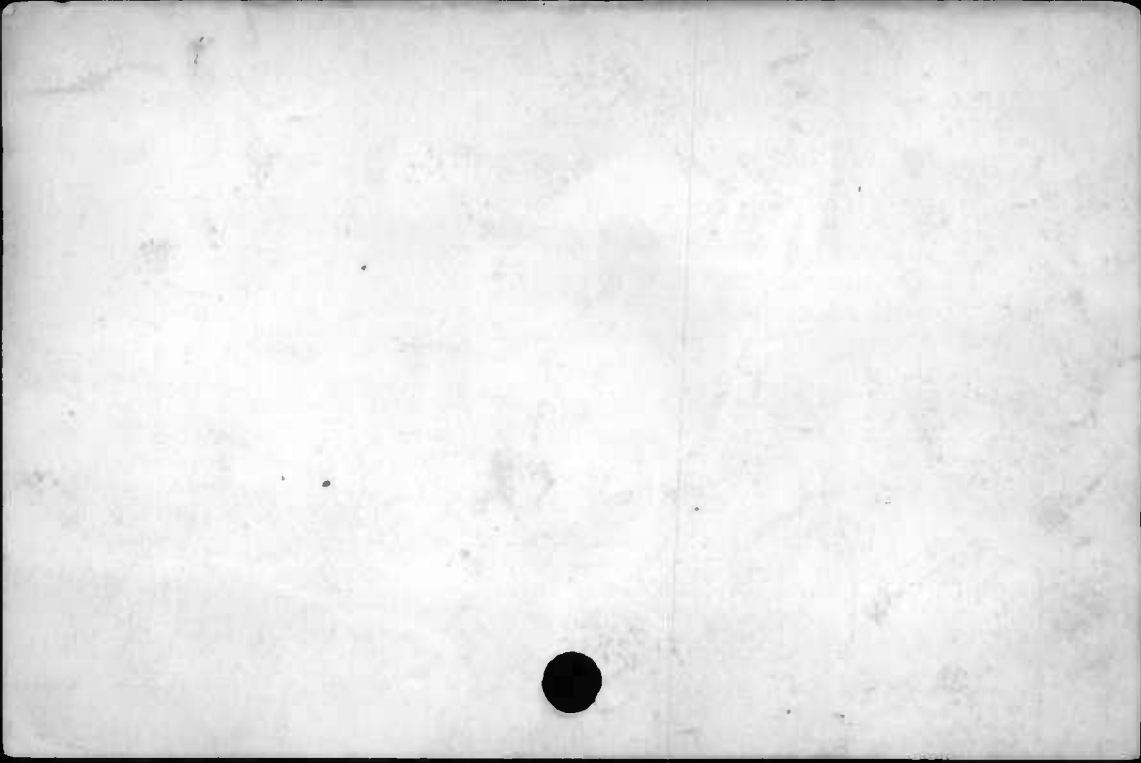
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

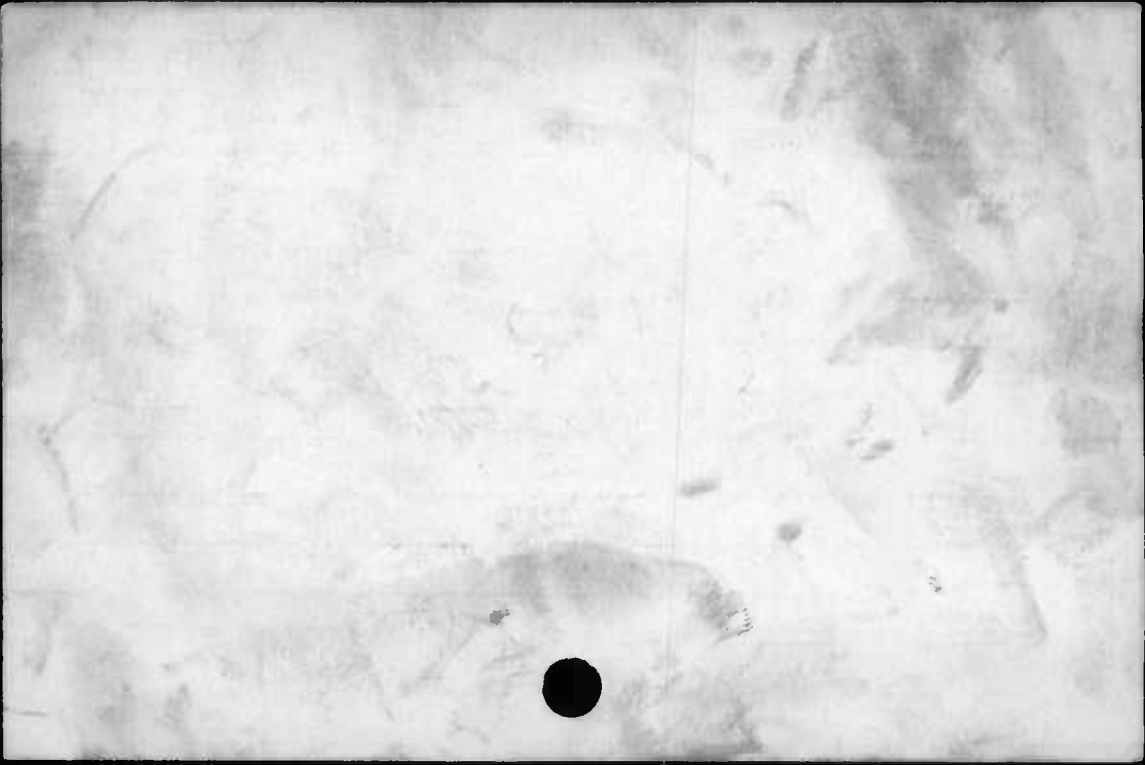
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Still Born Watkins</i>		Town <i>Annapolis Md</i>		County <i>a. a. c</i>		MARYLAND	
Died at <i>Annapolis Md</i>		Date of death <i>1906</i>		Month <i>May</i>		Day <i>16th</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Years		Months	
Occupation		Birth-place <i>Annapolis</i>		Where Residing if not at place of death <i>126 Calvert St</i>		Days	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband		Father's Name <i>Lanning Watkins</i>		Father's Birthplace <i>Annapolis</i>	
Mother's Maiden Name <i>Ernest Carver</i>		Name of person giving information <i>Lanning Watkins</i>		Mother's Birthplace <i>Annapolis</i>		How related to deceased <i>father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still-born</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout, Md</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

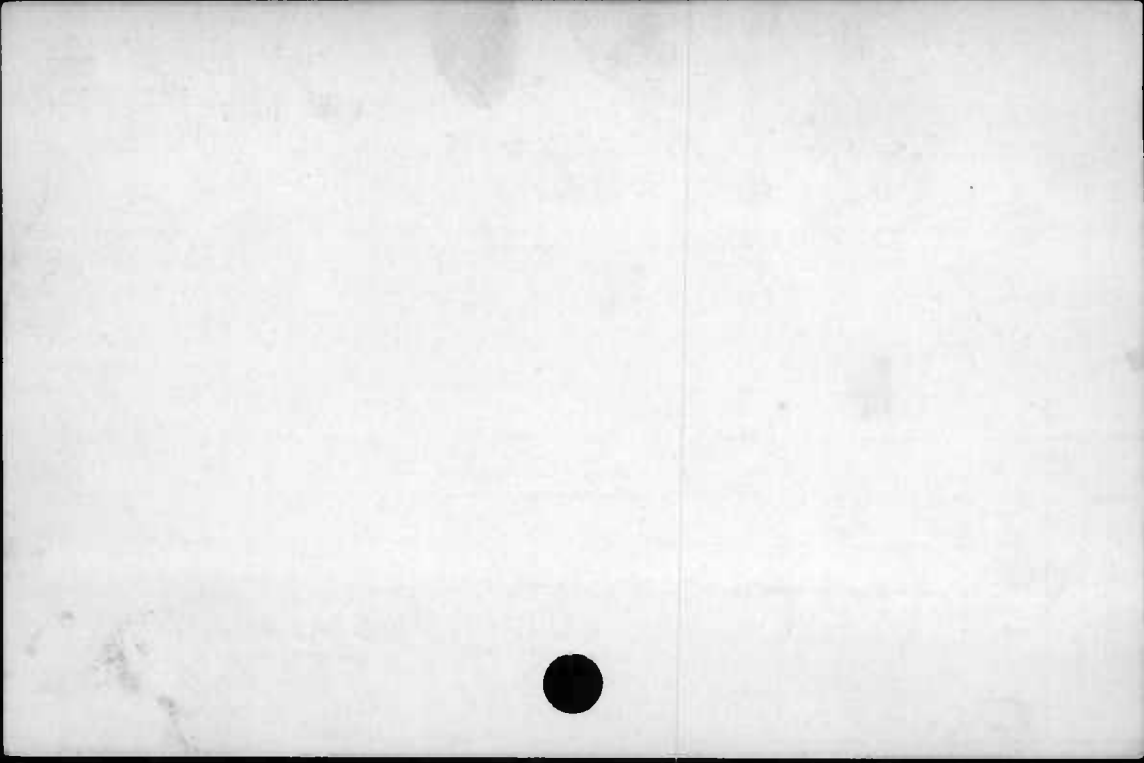
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>West Annapolis</u> <u>Anne Arundel</u> <u>MARYLAND</u>	
Date of death <u>1906</u>	Month <u>May</u> Day <u>21</u> Age <u>5</u> Years <u>0</u> Months <u>0</u> Days <u>0</u>
Sex <u>Female</u> Color or Race <u>Colored</u> Birthplace <u>West Annapolis</u>	Occupation <u></u> Where Residing if not at place of death <u>West Annapolis</u>
Married, Single or Widowed <u></u> Name of Wife or Husband <u></u>	Father's Name <u>Geo H. Watkins</u> Father's Birthplace <u>A.A.C.</u>
Mother's Maiden Name <u>Mary Hall</u>	Mother's Birthplace <u>A.A.C.</u>
Name of person giving information <u>Geo Watkins</u>	How related to deceased <u>Sister</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u> <u>Pneumonia</u> <u>151</u>	How long <u>one day</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. J. Murphy</u>
	Address <u>Annapolis</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alexander Joshua Watts

Town

County

MARYLAND

Died at Brooklyn

Date

Month

Day

Years

Months

Days

of death 1906

May

10

Age

aa. Co.

2 mo

—

Sex

M

Color or
Race

W

Birth-
place

Brooklyn

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joshua S. Watts

Father's
Birthplace

Md

Mother's
Maiden Name

Lily May Watts

Mother's
Birthplace

Md

Name of person giving
Information

Joshua Watts

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pertussis

(6)

How long

6 weeks

Immediate

Graves Pneumonia

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

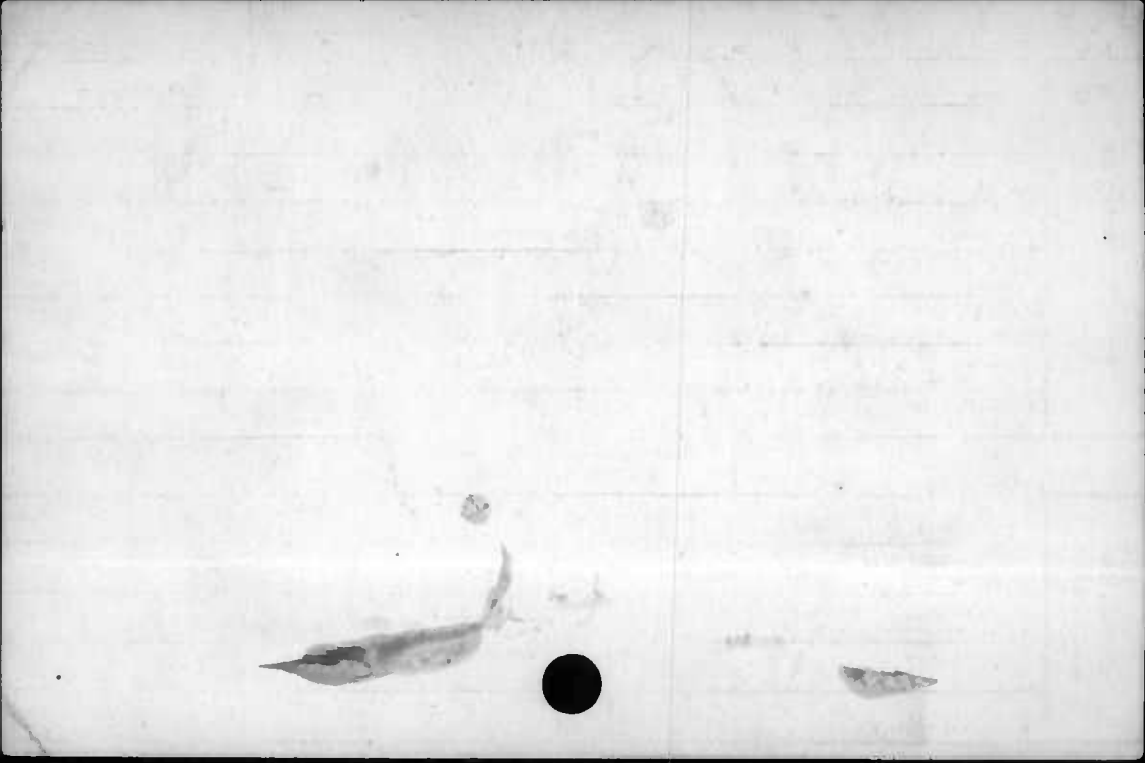
William D. Scott M.D.

Address

Curtis Bag
aa. Co. Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rufus C. Wells

Died at *Annapolis* Town *a a* County

Date of death *1906* Month *May* Day *30* Age *30* Years Months Days

Sex *Male* Color or Race *White* Birth-place

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

(157)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate *Sudden by Hanging* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John N Davis*

Address *Annapolis Md*

Adm Coroner

~~Accident~~ Suicide?



Name
in
Full

CERTIFICATE OF DEATH

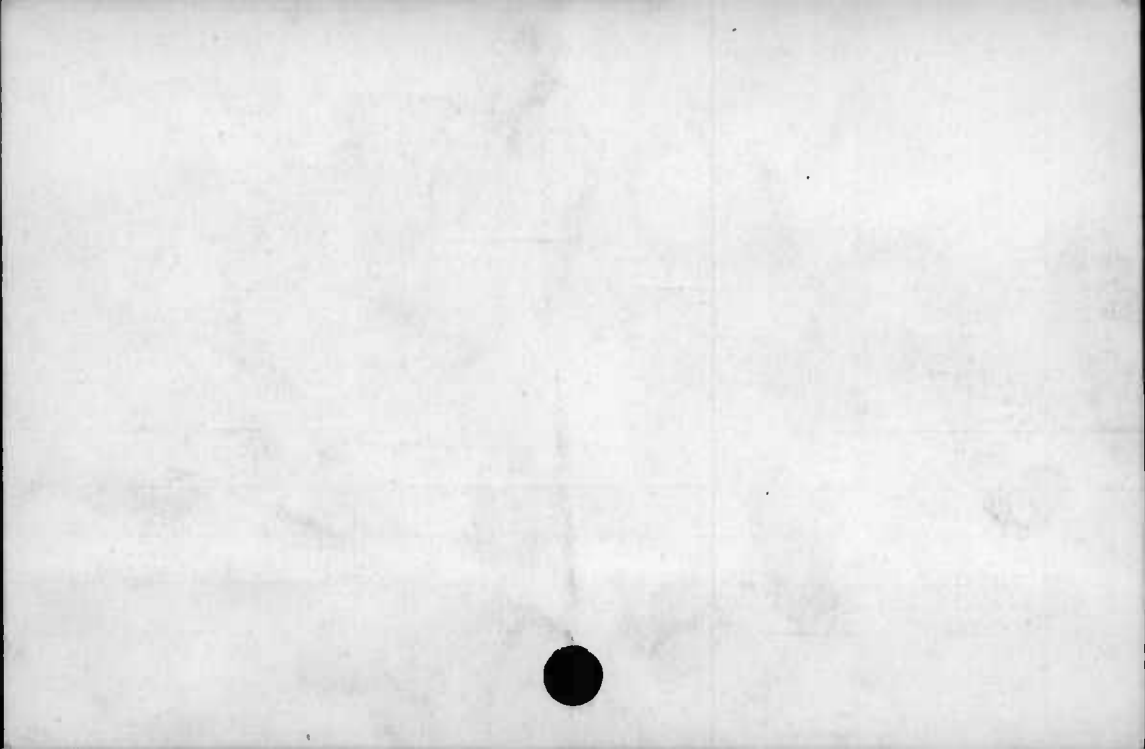
TO BE ANSWERED BY
NEAREST FRIEND

Abraham Thayer
 Died at Annapolis Maryland Thayer County
 Date of death 1906 May 25 25 64 64
 Sex Male Color or Race Colored Birthplace Virginia
 Occupation laborer Where Residing if not at place of death Whitesboro
 Married, Single or Widowed Married Name of Wife or Husband Fannie Thayer
 Father's Name David Thayer Father's Birthplace "
 Mother's Maiden Name " Mother's Birthplace "
 Name of person giving information John Horton How related to deceased friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Asthma & chronic How long two years
Nephritis exhaustion How long gradual
 Immediate
 Are the name, age, sex, color, date and place correctly given above?
yes Signature of Physician John Ridout, M.D.
 Address Annapolis Md
 Accident or Suicide?



Name
in
Full

Sarinda White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Maynard's P.O.		County Anne Arundel		MARYLAND	
Date of death	1906	Month May	Day 3	Years 40	Months	Days	
Sex	Female		Color or Race	Colored		Birth- place	Maryland.
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Charles A. White			
Father's Name	Arnold Jones -					Father's Birthplace	Maryland.
Mother's Maiden Name	Unknown -					Mother's Birthplace	Maryland
Name of person giving In formation	Chas. A. White					How related to deceased	Husband.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Incompetency		How long	Three years.
Immediate	Heart Exhaustion		How long	One week.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	James S. Bellingsley
			Address	Armiger. A. A. Co
Accident or Suicide?		Md.		

